14 MAR 2006

PTO/\$8/01 (08-03)

Approved for use through 07/31/2006. OMB 0861-0332 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information.

Attorney Docket Number nd to a collection of information unless it contains a valid OMB control number. 8283 DECLARATION FOR UTILITY OR First Named Inventor KOOP8 DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/543,175 Filing Date JULY 22, 2005 Declaration Declaration Submitted after initial Submitted Art Unit Filing (surcharge With Initial Filing (37 CFR 1.16 (a)) Examiner Name required) TRADE I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND DEVICES FOR PRODUCING CORPUSCULAR RADIATION SYSTEMS (Title of the Invention) the specification of which is attached hereto PCT/EP04/000559 was filed January 23, 2004 and ÓR JULY 22,2005 was filed on (MM/DD/YYYY) as United States Application Number or PCT International 10/543.175 and was amended on (MM/DD/YYYY) JULY 22, 2005 (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(s) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Foreign Filing Date Certified Copy Attached? Priority Prior Foreign Application Country Number(s) (MINUDD/YYYY) Not Claimed DE 01/24/2003 103 02 794.7 EP 01/29/2004 PCT/EP04/000659 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2] This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.53. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SE/01 (08-05)

Approved for use through 07/31/2003, OMS 0851-0032

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# DECLARATION — Utility or Design Patent Application

|                                                                                                                                       | ·                                 |               |                                        | <del></del>      |             |                    |                |           |                                       |          |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------|----------------------------------------|------------------|-------------|--------------------|----------------|-----------|---------------------------------------|----------|
| Direct all correspondence to:                                                                                                         | Custome                           | er Number:    |                                        |                  |             | OR                 | Ø              | Corres    | pondence address be                   | łow      |
| Name<br>WOODLING, KROST AND RUST (                                                                                                    | KENNETH L. MIT                    | (CHELL)       |                                        |                  |             |                    |                |           |                                       |          |
| Address<br>9213 CHILLICOTHE ROAD                                                                                                      |                                   |               |                                        | •                | ,           | -                  |                |           |                                       | <u> </u> |
| City                                                                                                                                  |                                   |               |                                        | State            |             |                    | ···            |           | ZIP                                   | <u> </u> |
| KIRTLAND                                                                                                                              |                                   |               |                                        | OHIO             |             |                    |                |           | 44094                                 |          |
| Country                                                                                                                               |                                   | Telephon      | 8                                      |                  |             | Fex                |                | *         |                                       |          |
| USA .                                                                                                                                 |                                   | 440-256-4     | 440-258-4160                           |                  |             |                    | 440-258-7453   |           |                                       |          |
| I hereby declare that all stater<br>and belief are believed to be<br>statements and the like so ma-<br>false statements may jeopardia | e true; and fui<br>de are punisha | ther that t   | these state<br>or impriso              | ementi<br>onmeni | war<br>or b | e made<br>oth, und | with<br>ior 18 | the kno   | willful fath egbelwo                  | alse     |
| NAME OF SOLE OR FIRST IN                                                                                                              | VENTOR:                           |               | Пап                                    | ettion           | haa h       | een flier          | l for thi      | e unelm   | ned Inventor                          |          |
| Given Name                                                                                                                            |                                   |               |                                        | QubQ.,           |             | Family I           |                | o uniong: | · · · · · · · · · · · · · · · · · · · |          |
| (first and middle [if any])                                                                                                           |                                   |               |                                        |                  |             | or Surm            | me             | .00P8     |                                       |          |
| Inventor's Signature                                                                                                                  | i Wilfr                           | Sed 1         | Rete.                                  | K                | 0           | 9.79.              | ,              | ,         | Date 07,07,20                         | <br>06   |
| Residence: City                                                                                                                       | State                             | ,             |                                        | Coun             | try         | <u> </u>           |                | Citize    | nship                                 |          |
| 64372 Ober-Remstadt                                                                                                                   |                                   |               |                                        | Germa            | any         | DE                 | X              | Germa     | n                                     |          |
| Mailing Address<br>Ernst-Ludwig-Strasse 16                                                                                            |                                   |               |                                        |                  |             |                    |                |           | •                                     |          |
| City                                                                                                                                  | State                             |               | ······································ | Т                | ZIP         | ·                  |                |           | Country                               |          |
| 64372 Ober-Remstedt                                                                                                                   |                                   |               |                                        |                  | D           | 643                | 72             |           | Germany                               |          |
| NAME OF SECOND INVENTO                                                                                                                | DR:                               |               |                                        |                  | Αŗ          | etition t          | as bec         | n filed ( | for this unsigned inve                | ntor     |
| Given Name<br>(first and middle [if any])                                                                                             | •                                 |               |                                        |                  |             | amily N<br>r Suma  |                |           |                                       |          |
| Inventor's<br>Signature                                                                                                               |                                   |               |                                        |                  |             |                    |                |           | Date                                  |          |
| Residence: City                                                                                                                       | State                             |               |                                        | Coun             | try         |                    |                | Citize    | nship                                 |          |
| Malling Address                                                                                                                       |                                   |               | , ,                                    |                  |             |                    |                |           |                                       |          |
| Chu.                                                                                                                                  | State                             |               |                                        | —т               | ZIP         |                    |                | Count     | In                                    |          |
| City                                                                                                                                  | 312/6                             |               |                                        |                  | <b>∠1</b> Γ |                    | •              | ~~"       | <b>™</b> J                            |          |
|                                                                                                                                       |                                   |               |                                        |                  |             |                    |                |           |                                       |          |
| Additional Inventors or a legal n                                                                                                     | contractethe are he               | Hop named on  | ithe s                                 | TOO PARTY        | ntmi eh     | eet(s) PT          | 3/SB/024       | or 02LP   | attached hereto.                      |          |
|                                                                                                                                       | AN AMERICAN AND DE                | THE PERSON OF |                                        |                  |             | ~ A1/A1            |                |           |                                       |          |

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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Title: METHOD AND DEVICES FOR PRODUCING CORPUSCULAR RADIATION

**SYSTEMS** 

Serial No.: 10/543,175

Assignee: NaWoTec GmbH

Applicant: Hans W. P. Koops

Woodling, Krost and Rust 9213 Chillicothe Rd. Kirtland, OH 44094

November 22, 2005

COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D. C. 20231

#### DESIGNATION OF DOMESTIC REPRESENTATIVE:

I, CHRISTIAN Hockeneyer an Officer of NaWoTec GmbH, Industriestr. 1, 64380 Rossdorf, Germany, do hereby state that: NaWoTec GmbH is the owner by assignment of a patent application entitled METHOD AND DEVICES FOR PRODUCING CORPUSCULAR RADIATION SYSTEMS which was filed in United States Patent and Trademark Office; that I am authorized to make this designation as I am an officer of

NaWoTec GmbH; that NaWoTec GmbH is authorized to prosecute said patent application as set forth in the accompanying Certificate under § 3.73(b) and, that, I hereby designate the following as Domestic Representative:

Kenneth L. Mitchell, Reg. No. 36,873 Charles R. Rust, Reg. No. 18,716 Karl V. Kurple, Reg. No. 57,440 Woodling, Krost & Rust 9213 Chillicothe Rd. Kirtland, OH 44094 (440) 246-4150 phone (440) 256-7453 fax

Respectfully submitted,

2.2.2006

Signature

C42, ST, 4N HOCKEYETEN Print Name

(An officer)

NaWoTec GmbH

Industriestr. 1

64380 Rossdorf

GERMANY

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nation to be obtained therefor on said application or any continuation, division, renewal, substitute or reissue thereof for the full term or terms for which the same may be granted.

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ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this assignment and sale.

ASSIGNOR covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said application, said invention and said Letters Patent as may be known and accessible to ASSIGNOR and will testify as to the same in any interference or litigation related thereto and will promptly execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain and enforce said application, said invention and said Letters Patent which may be necessary or desirable to carry out the purposes hereof, with ASSIGNOR reasonably compensated therefor.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 5

day of telman, 2006

Maus loilfised leter Koops Hans Wilfried Peter KOOPS CITIZEN OF GERMANY

Inventor/Assignor

Correspondence Address:
Kenneth L. Mitchell, 36873
Charles R. Rust, 18716
Karl Kurple, 57440
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PTO/SB/81 (09-03)
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he Paperwork Reduction Act of 1995, no persons are required

### POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

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|------------------------|------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Application Number     | 10/543,175                                                                                           |  |  |  |  |  |
| Fillng Date            | July 22,2005                                                                                         |  |  |  |  |  |
| First Named Inventor   | KOOPS                                                                                                |  |  |  |  |  |
| Title .                | METHOD AND DEVICES FOR etc.                                                                          |  |  |  |  |  |
| Art Unit               |                                                                                                      |  |  |  |  |  |
| Examiner Name ,        |                                                                                                      |  |  |  |  |  |
| Attorney Docket Number | 8283                                                                                                 |  |  |  |  |  |

| I nereby appoint:                                                                                                              |                                |          | <del></del>               | 7             | •               |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------|---------------------------|---------------|-----------------|--|--|
| Practitioners associated with the Customer Number.                                                                             |                                |          |                           |               |                 |  |  |
| OR                                                                                                                             | <del></del>                    |          |                           |               |                 |  |  |
| Practitioner(s) named below:                                                                                                   |                                |          |                           |               |                 |  |  |
| Name                                                                                                                           | Name Registration Number       |          |                           |               |                 |  |  |
| KENNETH L. MITCHELL                                                                                                            | ·                              | 36873    |                           |               |                 |  |  |
| CHARLES R. RUST                                                                                                                |                                | 18716    |                           |               |                 |  |  |
| KARL V. KURPLE                                                                                                                 | •                              |          | 57440                     |               |                 |  |  |
|                                                                                                                                |                                |          |                           |               |                 |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application<br>Trademark Office connected therewith.                        | identified above, ar           | nd to tr | ansact all business in    | the United St | ates Patent and |  |  |
| Please recognize or change the correspondence address for  The address associated with the above-mentioned or                  |                                | i applic | cation to:                |               |                 |  |  |
| The address associated with Customer Number:                                                                                   |                                |          |                           |               |                 |  |  |
| OR                                                                                                                             |                                |          |                           |               | ·               |  |  |
| Firm or Individual Name KENNETH L. MITCHELL (W                                                                                 | OODLING, KROST                 | AND F    | RÚST)                     |               | ·               |  |  |
| Address 9213 CHILLICOTHE ROAD                                                                                                  | 9213 CHILLICOTHE ROAD          |          |                           |               |                 |  |  |
| Address                                                                                                                        |                                |          |                           |               |                 |  |  |
| City KIRTLAND                                                                                                                  | KIRTLAND State OHIO Zip i44084 |          |                           |               | <del></del>     |  |  |
| Country UNITED STATES OF AMER                                                                                                  |                                |          | ·                         | •             | •               |  |  |
| Telephone 440-256-4150                                                                                                         | <u>.</u>                       | Fax      | 440-256-7453              |               |                 |  |  |
| Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFi Statement under 37 CFR 3.73(b) is enclosed. (Form   | R 3.71.<br>PTO/SB/96)          |          |                           |               |                 |  |  |
| . SIGNATURE of                                                                                                                 | Applicant or AssI              | gnee c   | of Record                 |               |                 |  |  |
| Name MawoTto                                                                                                                   |                                |          |                           |               |                 |  |  |
| Signature / his/                                                                                                               |                                |          |                           |               |                 |  |  |
| Date 12.2. 2006 Telephone                                                                                                      |                                |          |                           |               |                 |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the enforms if more than one signature is required, see below. | tire interest or their rep     | resenta  | tive(s) are required. Sub | mit multiple  |                 |  |  |
| *Total of forms are submitted.                                                                                                 |                                |          |                           |               |                 |  |  |

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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| Application Number                    | 10/543,175                                            |
| Filing Date                           | July 22,2005                                          |
| First Named Inventor                  | KOOPS                                                 |
| Titte                                 | METHOD AND DEVICES FOR etc.                           |
| Art Unit                              |                                                       |
| Examiner Name                         |                                                       |
| Attorney Docket Number                | 8283                                                  |
|                                       |                                                       |

| I hereby appoint:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              |              |                        | 7                            |  |  |  |
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| OR .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              | <del></del>  |                        | <b>_</b>                     |  |  |  |
| Precitioner(s) named be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | low:                                                                                                                                                                                                                         |              |                        | -                            |  |  |  |
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| KENNETH L. MITCHEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ŀ                                                                                                                                                                                                                            | 36673        |                        |                              |  |  |  |
| CHARLES R. RUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                              |              | . 18716-               | , 3.                         |  |  |  |
| KARL V. KURPLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                                                                                                                                            | ,            | 57440                  |                              |  |  |  |
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| as my/our attorney(s) or egent(<br>Trademark Office connected th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s) to prosecute the application identified above<br>erewith.                                                                                                                                                                 | e, and to tr | ensect all business in | the United States Patent and |  |  |  |
| The address associated OR The address associated The address as a second The address | e correspondence address for the above-ident<br>red with the above-mentioned Customer Number<br>ted with Customer Number.                                                                                                    |              |                        |                              |  |  |  |
| OR .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                              |              |                        |                              |  |  |  |
| Firm or Individual Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | KENNETH L. MITCHELL (WOODLING, KRI                                                                                                                                                                                           | GNA TEC      | RUST)                  |                              |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9213 CHILLICOTHE ROAD                                                                                                                                                                                                        |              |                        | ·                            |  |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                              |              |                        |                              |  |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | KIRTLAND                                                                                                                                                                                                                     | State        | оню                    | Zip 44094                    |  |  |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UNITED STATES OF AMERICA                                                                                                                                                                                                     |              |                        |                              |  |  |  |
| Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 440-256-4150                                                                                                                                                                                                                 | Fax          | 440-258-7453           |                              |  |  |  |
| Applicant/Inventor  Applicant/Inventor  Assignee of record of Statement under 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the entire interest. See 37 CFR 3.71.  FR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Applicant | Assigner     | of Record              |                              |  |  |  |
| Name   Hans Wilfried Pale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |              |                        |                              |  |  |  |
| Name Hans Wilfried Peter Signature Hans In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                              |              |                        |                              |  |  |  |
| Barbar San                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | area covo                                                                                                                                                                                                                    | <del></del>  | Telephone   _          | 4961542783                   |  |  |  |
| 7. 7/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ors or smallgness of record of the entire interest or the                                                                                                                                                                    | ir represent |                        |                              |  |  |  |
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| STATEMENT UNDER 37 CFR 3.73(b)                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicant/Patent Owner: Hans Wilfried Peter KOOPS                                                                                                                                                                                                                                                                                                               |
| Application No./Patent No.: 10/543,175 Filed/Issue Date: July 22, 2005                                                                                                                                                                                                                                                                                          |
| Entitled: Method and Device for Producing Corpuscular Radiation Systems                                                                                                                                                                                                                                                                                         |
| NaWoTec GmBH , a German corporation (Name of Assignee) . (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)                                                                                                                                                                                                                |
| states that it is:  1. the assignee of the entire right, title, and interest; or                                                                                                                                                                                                                                                                                |
| 2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is%                                                                                                                                                                                                                                     |
| in the patent application/patent identified above by virtue of either:                                                                                                                                                                                                                                                                                          |
| An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.  OR  B. A. Chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown |
| below:                                                                                                                                                                                                                                                                                                                                                          |
| To:     The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.                                                                                                                                                                                                                     |
| From:To:To:To:                                                                                                                                                                                                                                                                                                                                                  |
| Reel, Frame, or for which a copy thereof is attached.                                                                                                                                                                                                                                                                                                           |
| 3. From:                                                                                                                                                                                                                                                                                                                                                        |
| Additional documents in the chain of title are listed on a supplemental sheet.                                                                                                                                                                                                                                                                                  |
| Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]                                    |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.                                                                                                                                                                                                                                                                 |
| Signature Date  CARISTIAN HOCKEMEYER +49-6154-80380                                                                                                                                                                                                                                                                                                             |
| Printed or Typed Name Telephone Number                                                                                                                                                                                                                                                                                                                          |
| MEMBER OF THE BOARD                                                                                                                                                                                                                                                                                                                                             |

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



WHEREAS:

NAMES AND ADDRESSES OF INVENTOR/ Hans Wilfried Peter KOOPS Ernst-Ludwig-Strasse 16

64372 Ober-Ramstadt

ASSIGNOR DE

(hereinafter referred to as ASSIGNOR) owns and invented a certain invention entitled:

TITLE OF

INVENTION: Method and Devices For Producing Corpuscular Radiation Systems

for which application for Letters Patent of the United States and a preliminary amendment were filed on JULY 22, 2005.

PARTICULARS OF

Serial No. 10/543,175

APPLICATION

and,

NAME AND ADDRESS

OF ASSIGNEE

NaWoTec GmbH Industriestraße 1

64380 Rossdorf

DE

(hereinafter referred to as ASSIGNEE) is desirous of acquiring the entire interest in, to and under said invention and the United States Letters Patent to be obtained therefor.

NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN:

Be it known that in consideration of the payment by ASSIGNEE to ASSIGNOR of the sum of One Dollar (\$1.00), the receipt of which is hereby acknowledged, and for other good and valuable consideration, ASSIGNOR hereby sells, assigns and transfers to ASSIGNEE the full and exclusive worldwide right, title and interest to said invention and all Letters Patent of the United States and/or any foreign

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